

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) WPP290083

Box No. I TITLE OF INVENTION Improved Antitumoral Combinations	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Pharma Mar, S.A.U. Polígono Industrial La Mina Avda. de los Reyes, 1 Colmenar Viejo Madrid, E-28770, Spain	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: ES	State (that is, country) of residence: ES
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Donald, Sarah Department of Oncology University of Leicester 5th Floor RKCSB, LRI, Leicester, Leicestershire, LE2 7LX, United Kingdom	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: GB	State (that is, country) of residence: GB
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Ruffles, Graham Keith Marks & Clerk 66-68 Hills Road Cambridge, CB2 1LA United Kingdom	
Telephone No. 01223 345520	
Facsimile No. 01223 365560	
Teleprinter No.	
Agent's registration No. with the Office	
<input checked="" type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Gescher, Andreas
Department of Oncology
University of Leicester
5th Floor RKCSB, LRI,
Leicester, Leicestershire, LE2 7LX, United Kingdom

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Jimeno Doñaque, José María
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

ES

State (that is, country) of residence:

ES

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☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of residence:

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☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:	1. <input checked="" type="checkbox"/> fee calculation sheet	:
request (including declaration sheets) :	2. <input type="checkbox"/> original separate power of attorney	:
description (excluding sequence listing and/or tables related thereto) :	3. <input type="checkbox"/> original general power of attorney	:
claims :	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:
abstract :	5. <input type="checkbox"/> statement explaining lack of signature	:
drawings :	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:
Sub-total number of sheets :	7. <input type="checkbox"/> translation of international application into (language):	:
sequence listing :	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
tables related thereto :	9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :	:
Total number of sheets :	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :	:
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :	:
(i) <input type="checkbox"/> sequence listing	10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	:
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(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Fufies, Graham Keith

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

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Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

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FEE CALCULATION SHEET

Annex to the Request

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International Application No.

Applicant's or agent's
file reference

WPP290083

Date stamp of the receiving Office

Applicant

Pharma Mar, S.A.U. et al

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

55.00 T

2. SEARCH FEE

1078.00 S

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 23
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets 628.00 i1

i2 number of sheets in excess of 30 x fee per sheet = i2

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x fee per sheet = i3

Add amounts entered at i1, i2 and i3 and enter total at I 628.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

22.00 P

5. TOTAL FEES PAYABLE

1783.00

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TOTAL

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Receiving Office: RO/ GB

Deposit Account No.: D10176

Date: 14 October 2004

Name: Lisa Gannon

Signature: Lisa Gannon

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The
Patent
Office

Patents Act 1997
Rules 6, 52, 119

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Comptroller or a certified or uncertified
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(see the notes on the back of this form)

The Patent Office

Cardiff Road
Newport
Gwent NP9 1RH

-
1. Your reference WPP290083
-
2. Patent application or patent number(s)
(see notes (c) & (d))
0324201.3
-
3. Full name of the or of each patent applicant or
proprietor
(if known) Pharma Mar, S.A.U.
-
4. What do you want a copy of? *(see note (f))*
A copy of the application as filed.
-
5. How many copies do you need?
1(one)
-
6. State the type of certificate you want Certified copy of the specification/drawings as
(See note (g)) and if it is needed to support applications made outside the United originally filed with signature and seal.
Kingdom, list the countries concerned
(see notes (j) & (k))
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7. Name address and postcode of the or each person making the request
(see note (h)) MARKS & CLERK
66-68 HILLS ROAD
CAMBRIDGE CB2 1LA
-
8. Name, address and postcode of the or of each person certificates or copies should be sent to
(if different from that given in part 6 above) Send to the International unit as priority
(see note (l)) document for PCT application.
-
9. Signature Date
 14/10/04
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10. Name and daytime telephone number of person to contact in the United Kingdom
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